Raising the Bar in HEALTH CARE

Commonwealth of Massachusetts
Group Insurance Commission

Fiscal Year 2007 Annual Report

Commonwealth of Massachusetts
Group Insurance Commission

Your Benefits Connection

THE GROUP INSURANCE COMMISSION

The mission of the Group Insurance Commission is to provide high value health insurance and other benefits to state employees, retirees, and their survivors and dependents. The agency works with vendors selected through competitive bidding to offer cost-effective services through careful plan design and rigorous ongoing management. The agency's performance goals are enrollee satisfaction with cost-effective, high-quality benefits offered at the most competitive prices attainable, and, as one of the largest purchasers of benefits in the Commonwealth, using that position to help drive improvements in the entire health care delivery system.

The GIC Offers the Following Benefit Programs:

- A diverse array of health insurance options
- Basic and optional term life insurance
- Long Term Disability (LTD) insurance
- Dental/Vision coverage for managers, Legislators, Legislative staff and certain Executive Office employees
- Dental coverage for retirees
- Discount vision plan for retirees
- Health Care Spending Account (HCSA)
- Dependent Care Assistance Program (DCAP)

COMMONWEALTH OF MASSACHUSETTS
GROUP INSURANCE COMMISSION
Fiscal Year 2007 Annual Report
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Dear Friends:

Cost and quality pose formidable challenges in the health care industry. How do we improve quality while tackling increasing costs? The GIC believes that by raising the bar in health care quality – quantifying differences in care and rewarding the use of better providers – we will help contain costs.

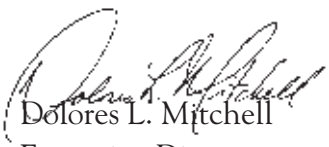
Getting sick happens to all of us – even the most fit of the bunch. When it does, we want competent, caring and effective doctors, nurses and other health care professionals to take care of us – and to do so at costs that are affordable. However, finding out who are the best providers – the doctors offering the highest quality, cost-effective care – is next to impossible. We can easily find out quality and cost ratings for cars, vacations, mutual funds, and more, but there is a dearth of information on physicians.

The GIC sought to change this when four years ago we began the Clinical Performance Improvement (CPI) Initiative. The GIC required our health plans to give our consultants their entire book of business (de-identified claims). Our consultants aggregated and analyzed these data for relative efficiency and quality and gave these analyses back to the health plans. The plans use this information to develop benefit designs that reward members with lower co-pays for using quality, cost-effective providers.

The GIC has worked hard to include physicians in our discussions as the process is refined and improved. No one likes to have a "lower grade" than one's peer. But, that grade might be the stimulus that's needed for a provider to improve his or her own performance.

Through raising the bar in health care, the GIC continues to confront both the cost and quality monsters. As the largest employer purchaser of health care in New England, we have a responsibility to do this – for our members *and* the taxpayers of the Commonwealth. We hope that as you read this annual report, you will agree that we're doing a first-rate job of raising the health care bar for all Massachusetts residents.

Very truly yours,



Dolores L. Mitchell
Executive Director

RAISING THE BAR — IMPROVING HEALTH CARE QUALITY WHILE CONTAINING COSTS

The Clinical Performance Improvement Initiative

Four years ago, the GIC began the Clinical Performance Improvement (CPI) Initiative, a ground breaking effort that identifies differences in physician care and rewards members, through modest co-pay incentives, to see better performing providers.

Why Did We Do This?

- Cost of employee health care in 2006 rose 7.7% nationally:
  - More than double the current inflation rate
  - Exceeds the increase in workers' income
- Since 2000, the cost of family health coverage has risen 87% nationally

(The GIC and our members have done better than many in containing annual rate increases, but escalating health care costs are a continuing challenge)

- Fewer than 55% of patients receive care that meets the standards of quality care, according to a RAND study; there is a wide disparity in quality of care between physicians and hospitals
- Consumer information about providers is unavailable, difficult to find, or too complex to be usable

What have Other Employers Done?

- Cut benefits/reduced coverage
- Eliminated choice
- Established high deductible plans
- Eliminated retiree benefits

The GIC Has Taken a Different Approach, Engaging Members While Encouraging Provider Improvement

The GIC's CPI Initiative seeks to improve health care quality and promote cost-effectiveness through increased transparency. The GIC has required our health plans to provide their entire book of business claims (de-identified) to our consultants to be aggregated and analyzed for relative provider efficiency and quality. After this process, the GIC gives these analyses back to the health plans which then use the information to develop benefit designs in which members are given modest co-pay incentives to use better performing doctors and, in some plans, hospitals.

FY07 – Tiered Physician Benefits Rolled Out

The GIC and our health plans rolled out the first year of physician tiering on July 1, 2006. The health plans took varying approaches to our objectives, with two of the Commonwealth Indemnity PPO-type plans tiering all Massachusetts physicians, two PPO plans tiering certain specialists, two HMOs establishing selective networks, and two HMOs tiering providers based on the member's PCP selection.

Inviting Others to Join the Team

The GIC and our consultants actively sought input from the Massachusetts Medical Society (MMS) to improve our CPI Initiative and help improve the quality of the data analyses. The GIC invited two physicians and the President of the MMS to participate in the CPII Physician Advisory Committee, which meets frequently to provide feedback and suggestions. Although some providers are apprehensive about physician rankings, the GIC continues to reach out to physician groups to improve their understanding of the program.

FY08 Rate Increases Bests Others

Rigorous negotiations typify the GIC's annual rate negotiations. In part due to the CPI Initiative, the GIC's combined non-Medicare health plan rates for FY08 averaged a 5.04% increase over FY07. This was achieved without shifting costs to enrollees. With Medicare rates added in, the average rate increase dropped to 3.78% average. With other employer rate increases averaging 14%-15%, the GIC's results garnered mention in the press as exemplary.

FY07 CPI Initiative Work Paves Way for FY08 Benefits

The GIC, our consultants, our health plans, and the Physician Advisory Committee met frequently throughout FY07 to refine the CPI Initiative, review refreshed data analyses and determine opportunities for expanded physician tiering. For FY08, all of the GIC's Non-Medicare plans, including the Indemnity Basic plan, introduced physician tiering. All Massachusetts doctors in the Indemnity Basic plan were tiered. Additional specialists were tiered in two of the GIC's major PPO plans. Specialist tiering was added to one of the GIC's HMOs, and another HMO merged its two plans and introduced physician tiering.

The GIC's CPI Initiative Attracts Interest and Recognition Nationally

- The Pioneer Institute's Better Government Competition Special Recognition Award 2006
- The Commonwealth Fund's "Value-Driven Health Care Purchasing: Four States That are Ahead of the Curve", *The Commonwealth Fund*, August 2007
- Government Accountability Office (GAO) Report to Congress Case Study: Focus on Physician Practice Patterns Can Lead to Greater Program Efficiency, April 2007

- "High Performance Health Plan Networks: Early Experences Center for Studying Health System Change Brief," May 2007
- Medicare Payment Advisory Commission (MedPac) presentation

Implementing Better Benefits for the Very Sick

Recognizing that the very sick, particularly cancer patients, can sometimes have the added burden of multiple hospital stays, the GIC instituted a policy to waive the hospital co-pay or deductible if patients were readmitted to the hospital within 30 days. The benefit change was effective July 1, 2007. Additionally, the GIC voted to implement a specialty drug provider for members in the Indemnity Plans who use Express Scripts for prescription drug benefits. Members who take drugs for certain diseases, such as hemophilia, hepatitis C, HIV, multiple sclerosis, rheumatoid arthritis, infertility and cancer must fill their medications through Express Scripts' specialty pharmacy, CuraScript. Medications are delivered to the member's home or doctor's office. We also reduced the co-pay for a 30-day supply to $10. While these changes, effective July 1, 2007, provide some savings for the GIC, more importantly they will help improve drug compliance for sick members. Services include self-injection support, education, medication adherence counseling, refill reminders and follow-up.

CLEARING NEW HURDLES

City of Springfield Implementation

The GIC adopted emergency regulations in September 2006 allowing eligible members of the City of Springfield, which had been operating under a financial control board, to purchase health benefits through the GIC effective January 1, 2007. Springfield, the state's third largest city, was the first municipality ever to join the GIC program. This change will yield savings for the city, and provide employees and retirees with more comprehensive health benefits and choices.

GIC staff, City of Springfield benefits staff, and GIC health plans worked long and hard to make the transition as smooth as possible under very tight deadlines. Despite crowds and long lines at enrollment fairs, members were enrolled in October and November 2006 and the process was an overall success:

- Over 8,000 enrollees and their family members were enrolled in the GIC's health plans.
- Over 10,000 marriage certificates, birth certificates, Medicare cards, and other required documents were collected and reviewed.
- Four well-attended health fairs were held and over 1,400 members enrolled via a computerized enrollment system at the GIC tables. Additionally, the city held informational sessions for retirees.
- A new computer eligibility system was designed, which was subsequently rolled into the GIC's larger Information Technology system.
- Customized enrollment forms, *Benefit Decision Guides* and other communications were developed.
- Health plans sent their new Springfield members identification cards and health plan handbooks.

Helping Municipalities with Rising Health Care Costs

Municipalities have been struggling with rising health care costs which have far exceeded increases that the GIC has been able to achieve. According to research conducted by the Massachusetts Municipal Association, in cooperation with the Massachusetts Taxpayers Foundation, the average rate of municipal health care cost growth of 13 percent a year for the last six years was almost double that of the GIC's rate increase. The GIC was approached by the Metropolitan Area Planning Council (MAPC) and MAPC's Municipal Health Insurance Working Group – comprised of mayors, multiple public union representatives, state legislators, the Retiree Association and town managers – to assist the MAPC with drafting a legislative proposal to allow municipal employees and retirees, as a local option, to join the GIC's health coverage. Throughout the fiscal year, GIC staff participated in meetings to discuss and vet the final terms of this legislation. The final legislation gives the GIC the authority to determine health benefits, and the municipalities the authority to determine their employee and retiree premium contribution splits. Chapter 67 of the Acts of 2007 was signed into law in FY08.

Medicare Part D

With the introduction of Medicare Part D, a federal prescription drug program, a subsidy program was established by the federal government to encourage employers to continue to offer prescription drug benefits for their retirees. This program requires data sharing between the GIC, the Centers for Medicare and Medicaid Services (CMS), our health plans, and pharmacy benefit manager for the indemnity plans. The GIC's information technology department developed programs to extract data on our retirees who are eligible for this program. This data is then transmitted to the other entities to ensure that the data match. Discrepancies are then researched and resolved by our operations department. This complex process is done for the three of the GIC's six Medicare plans, in which the vast majority of GIC retirees are enrolled.

In FY07 over $17 million in payments were sent by CMS to the Commonwealth's General Fund as the result of this subsidy program. For the other three GIC Medicare Plans, that are CMS plans and include Medicare Part D, premiums are proportionally reduced to reflect that the majority of drug costs are paid by the federal government. Additionally, in compliance with new federal

CLEARING NEW HURDLES

government Medicare Part D requirements, the GIC worked with all of our health plans to include the required Notice of Creditable Coverage in all FY07 health plan handbooks.

Health Care Reform Act

Beginning in the summer of 2006, the GIC instituted a working group and collaborated with members of other affected state agencies to implement the Health Care Reform Act Chapter 58 of the Acts of 2006, which requires all Massachusetts residents to have health insurance as of the end of 2007:

Dependent expansion effective January 1, 2007:

In the past, coverage for dependents ended at age 19 unless they were full time students or handicapped. Chapter 58 provides for coverage up to age 26 or two years after losing IRS dependent status, whichever occurs first. New eligibility categories were established by the information technology department for IRS and Non-IRS dependents, and a new enrollment form was produced. The winter newsletter featured the dependent expansion, complemented with emails to Agency Coordinators and employees, and expansions to the GIC website. Members were notified of their dependent's status on their January 2007 benefit statement, with directions on how to add a dependent over age 19. Staff also collaborated with the Comptroller to implement tax withholding for the imputed income associated with Non-IRS dependents. Over 2,500 new dependents enrolled after the January 1 implementation.

Ensuring that GIC-eligible employees have coverage:

The GIC collaborated with the Comptroller to generate individualized letters for GIC-eligible employees without coverage to alert them that they needed to enroll during annual enrollment to have health coverage effective July 1, 2007. The *Benefit Decision Guide*, pay advice messages and emails complemented this communication.

Non-GIC eligible employee coverage:

In collaboration with Administration and Finance, the Connector Authority, and the Comptroller, the GIC helped to establish an Internal Revenue Code (IRC) Section 125 plan to allow non-GIC eligible employees the opportunity to purchase health insurance on a pre-tax basis through the Connector Authority. The GIC also helped to communicate this option to non-GIC eligible employees.

Agency training:

The GIC held a series of statewide training sessions with almost 500 Agency Coordinators to let them know about their responsibilities as the result of the Health Care Reform Act. For agencies under the HR/CMS agency payroll system, we presented information about the new IRC Section 125 plan for non-GIC eligible employees. For offline agencies, we provided guidance on the Health Care Reform Act.

IMPROVING PERFORMANCE IN GIC PROGRAMS

Pre-Tax Programs

The GIC selected SHPS, a national company with extensive experience administering pre-tax programs, to administer the Health Care Spending Account (HCSA) and Dependent Care Assistance Program (DCAP) pre-tax programs effective January 1, 2007. The monthly administrative fee was reduced by five percent and a free debit card was automatically sent to all HCSA participants, enabling them to pay for their out-of-pocket medical expenses on a pre-tax basis without the need to submit claims. New communications were developed for open enrollment and a series of breakfast meetings for payroll coordinators and mini-fairs for employees were held. Online re-enrollment was offered for the second time during the fall open enrollment and nearly 2,000 employees re-enrolled using this convenient system. Total program participation jumped 21.4% to 7,268 for 2007 calendar year benefits.

Harvard Pilgrim First Seniority Plan Open Enrollment

During the fall of 2006, a special open enrollment was held for Harvard Pilgrim First Seniority members. Harvard Vanguard and Dedham Medical Associates, which had comprised the majority of this plan's physician network, signed an exclusive contract with another health plan, and the Harvard Pilgrim First Seniority Plan ceased operation effective January 1, 2007. A new Medicare plan, called Harvard Pilgrim First Seniority Freedom, was introduced during this open enrollment. The GIC successfully enrolled 1,350 members into new health plans with no interruption in coverage.

IMPROVING PERFORMANCE IN GIC PROGRAMS

Long Term Disability

The GIC selected UNUM as its new Long Term Disability carrier effective July 1, 2007. Rates were reduced by an average of 7.7% for this employee pay-all plan and a special extended open enrollment was held, enabling employees to join without proof of good health. Extensive communication outreach was made to agencies and employees. Over 2,600 employees took advantage of the open enrollment, which resulted in a 7.7% jump in enrollment.

Dental Programs

The GIC selected MetLife as the new carrier for both the dental program for employees not covered by a collective bargaining dental plan, and for the retiree dental program effective July 1, 2007. For active employees, this change increased the opportunity for lower out-of-pocket costs when they exceed the calendar year maximum. For retirees, the change resulted in rate reductions of 11.8% for individuals and 10.9% for families. MetLife's extensive national network improved benefits for the many retirees who live out of state, as well as giving retirees the opportunity for reduced out-of-pocket costs when they use a participating provider. For FY08, retiree dental enrollment increased almost 24%.

Plan Audits

During FY07, the GIC's audit activities focused on Tufts Health Plan and Express Scripts. In general, the results of these audits were very favorable. For Tufts, a high level of financial accuracy was achieved, and the GIC is instituting improvements in claims processing performance guarantees. The Express Scripts audit confirmed transparent and accurate pricing and exceptional contractual accuracy.

PAVING THE WAY FOR CURRENT LEAPS

Communication Improvements

The GIC embarked on a nine-month project to overhaul its *Benefit Decision Guide* which included a series of surveys, meetings, and focus groups. The results of these efforts were incorporated into all annual enrollment communications, with less text, more graphics and white space, and no footnotes:

- Health plan information changed from multiple charts to all information about a plan on a single page
- New home mailing to alert employees and their family members about annual enrollment and where to find information
- New single at-a-glance chart brochures

The GIC continued to provide tools to our members to help them make a difference in the quality of their own health care. Efforts to educate members about their health options were expanded throughout the year:

- **Clinical Performance Improvement Initiative:** We developed illustrative examples of how enrollees can maximize their CPI Initiative benefits using "member" examples. To keep it fresh in members' minds, every issue of the *For Your Benefit* newsletter included new information on the CPI Initiative
- **For Your Benefit newsletter:** Every issue of the GIC's member newsletter provides health tips and health condition information. A helpful tear out medication list and tips for reducing medication errors was included in the winter newsletter, in collaboration with the Massachusetts Coalition for the Prevention of Medical Errors, and was well received by members.

Collaboration with Others

Improving health care quality and cost-efficiency will only be accomplished through collaboration with others in the health care community. During FY07, the GIC's Executive Director, Dolores L. Mitchell, was asked to serve on a number of additional local and national boards committed to improving health care quality and cost efficiency. She is a member of the governing board of the new Massachusetts health reform law, the Connector Authority, and its companion organization, the Quality and Cost Council. She was recently elected to the board of the National Committee for Quality Assurance (NCQA), the Hospital Quality Alliance (HQA), and the Disclosure Group. She participated in multiple speaking engagements across the country to discuss the GIC's groundbreaking CPI Initiative. The GIC's Executive Director also is a board member of the Massachusetts Health Data Consortium and also serves on the Massachusetts Coalition for the Prevention of Medical Errors, the Massachusetts Health Council, the Business Advisory Group of the E-Health Initiative, of which she is Co-Chair, and the E-Health Collaborative, of which she is a Director. She and GIC staff are also involved with the Associated Industries of Massachusetts (A.I.M.) Health Care Committee, the New England Employee Benefits Council, the Leapfrog Group, and the HR/CMS Executive Committee.

READY FOR THE CHALLENGING COURSE AHEAD

The GIC's strategy of communication and collaboration will serve us well as we get ready for the challenging course ahead:

Municipal Health Insurance

In July, the Governor signed into law Chapter 67 of the Acts of 2007 which allows municipalities the option of joining the Group Insurance Commission's health coverage. By joining the state pool, many municipalities will be able to reduce their health insurance costs. Although municipalities and their various employee unions will no longer bargain health benefits after joining the GIC, they will continue to determine the premium contribution paid by their employees and retirees. The GIC has begun work on the extensive systems, operational, and communication projects necessary to successfully enroll these entities.

Health Plan and Mental Health Plan Procurements

Some of the GIC's health plan contracts and the mental health carve-out contract will end at the end of fiscal year 2008. With municipalities eager to know which health plans the GIC will offer so that they might have more detailed information to add to their discussions over the decision about whether to join the GIC, the GIC has decided to procure all of its health plan options and mental health benefits during FY08 for benefits effective July 1, 2008.

Other Post Employment Benefits

Funding future state retiree health benefits poses complex challenges for the GIC in FY08 and beyond. Retiree claim costs must be separated from active claim costs, and state retiree claim costs must be separated from other retiree claim costs, such as housing authority and municipal claims. During the next few years, GIC staff will be working with our health plans to develop short and long term solutions for modifying systems, operational and financial processes to accomplish these new requirements.

Continued Implementation of the Health Care Reform Act

The complexities of the federal tax laws (including imputed income reporting for some but not all dependents over age 19), will continue to require significant programming work, communications outreach, GIC Coordinator training, and work with our health plans. Determining the best means for the recertification process and the implementation of the new Health Insurance Responsibility Disclosure form for non-covered employees are currently underway.

The GIC looks forward to continuing to raise the bar in health care quality and cost-effectiveness, improving health care quality for our members and all Massachusetts residents, while containing costs for the taxpayers of the Commonwealth. Transparency, accountability, collaboration and communication will help us continue to meet these rigorous objectives.

GROUP INSURANCE COMMISSION
STATEMENT OF EXPENDITURES
JULY 1, 2006 - JUNE 30, 2007

DESCRIPTION	COMMONWEALTH	EMPLOYEES
Administration (a)	$2,735,598	$0
State Employees and Retirees' Basic Life Insurance	$9,280,059	$1,745,721
State Employees' Optional Life Insurance	$0	$20,432,442
State Employees' Health Insurance (b)	$927,524,268	$184,024,296
State Employees' Dental And Vision for Managers, Legislators, Legislative Staff and Certain Employees of the Executive Offices	$6,413,136	$1,131,729
Long Term Disability For State Employees	$0	$11,397,214
Elderly Governmental Retirees' Health Insurance (c)	$814,323	$124,774
Retired Municipal Teachers' Life Insurance	$930,677	$201,236
Retired Municipal Teachers' Health Insurance	$74,625,748	$12,540,278
Retirees' Dental Insurance	$0	$4,314,289
Grand Totals	$1,022,323,809	$235,911,979

(a) Plus an additional $929,205 from employees' trust funds which were used to pay administrative costs such as postage, telephone and supplies. These amounts are shown on the next two statements.

(b) Medical and prescription drug co-payments and deductibles for FY07 totaled approximately $111,530,425.

(c) The EGR share includes $33,242 from the EGR Trust Fund and $26,515 from the EGR Rate Stabilization Reserve. These amounts are subsidies to these retirees' premiums.

RATE STABILIZATION RESERVE STATEMENT
JULY 1, 2006 - JUNE 30, 2007

RESERVE	BALANCE 7/1/06	RECEIPTS 7/01/06-6/30/07	EXPENDITURES 7/01/06-6/30/07	BALANCE 6/30/07
Basic Life	$183,874.58	$4,206,746.05	$0	$4,390,620.63
Optional Life	$24,389,761.99	$4,033,295.18	$1,100,000.00	$27,323,057.17
Employee Health	$66,009.92	$3,523.36	$0	$69,533.28
Elderly Governmental Retiree Health	$226,625.66	$9,918.70	$26,514.68	$210,029.68
Retired Municipal Teacher Life	$96,968.14	$5,261.32	$0	$102,229.46
Retired Municipal Teacher Health	$26,029.79	$1,412.35	$0	$27,442.14
TOTAL	$24,989,270.08	$8,260,156.96	$1,126,514.68	$32,122,912.36

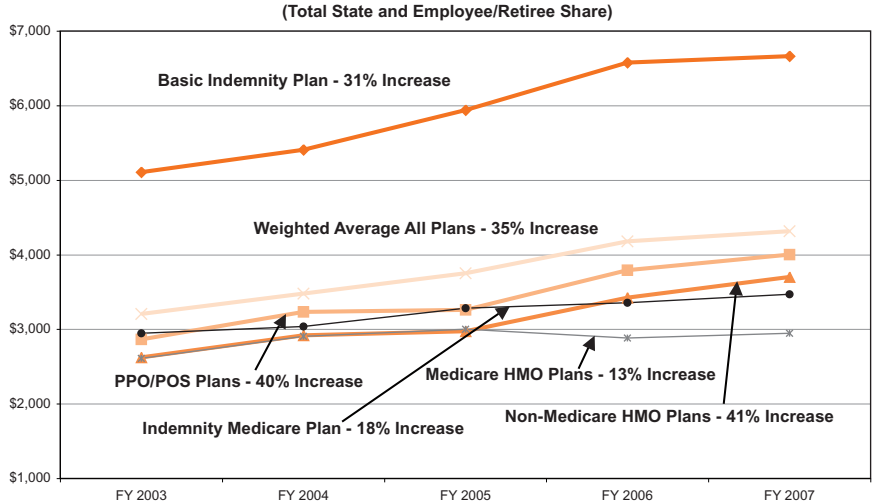
EMPLOYEES' TRUST FUND STATEMENTS

JULY 1, 2006 - JUNE 30, 2007

	State Employees' Trust Fund	Elderly Governmental Retirees' Trust Fund	Retired Municipal Teachers' Trust Fund
Balance 7/1/06	$1,764,883.99	$243,379,32.00	$0.19
Receipts	$2,113,017.76	$11,585.05	$0
Expenditures	(-$929,205.32)	(-$33,242.00)	$0
Balance 6/30/07	$2,948,696.43	$221,722.37	$0.19

COST PER CAPITA*

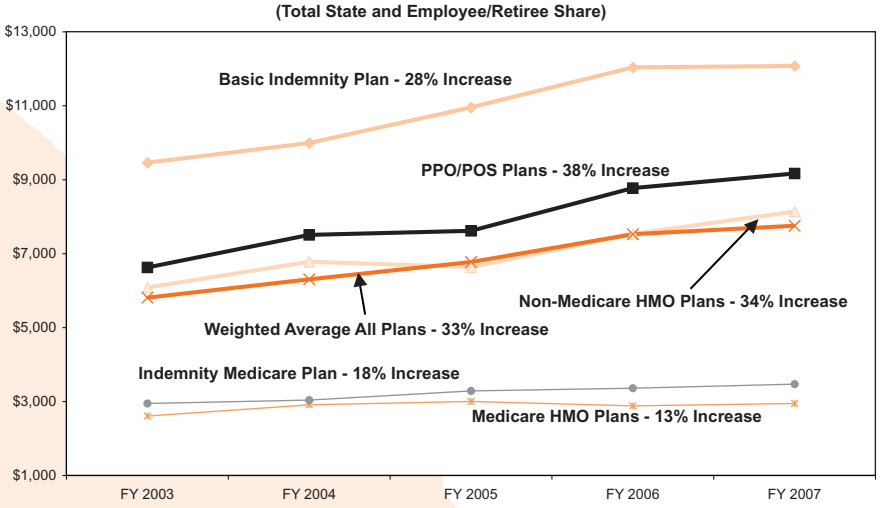
(Total State and Employee/Retiree Share)



* PPO/POS Plans included the Indemnity PLUS and Commonwealth PPO plans through 2004. In 2005 the HPHC POS and Indemnity Community Choice plans were added, and the HPHC and THP non-Medicare HMO plans were discontinued.
** Does not include EGRs, RMTs, or enrollees' out of pocket expenses.
Source: Pool 1 Age/Sex Composition Analysis, Fiscal Year 2007.

COST PER SUBSCRIBER (ENROLLEE)*

(Total State and Employee/Retiree Share)



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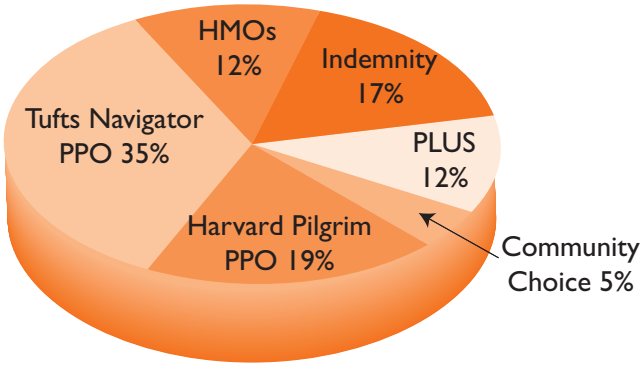
** Does not include EGRs, RMTs, or enrollees' out of pocket expenses.
Source: Pool 1 Age/Sex Composition Analysis, Fiscal Year 2007.

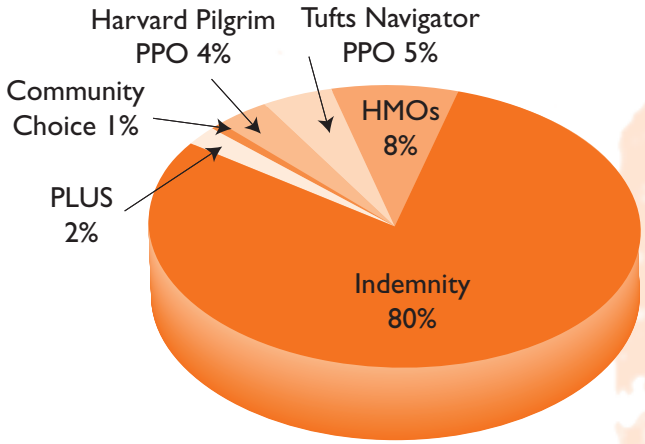
TREND REPORTS

FY 2007 ENROLLMENT

Active Employees by Plan Type



Retirees and Survivors by Plan Type*



Source: Pool 1 Age/Sex Composition Analysis, Fiscal Year 2007 *Does not include Elderly Government Retirees (EGRs) and GIC Retired Municipal Teachers (RMTs).

HEALTH PLAN MEMBERSHIP BY INSURED STATUS FY2007

	TOTAL ACTIVE*	TOTAL RET & SUR	TOTAL EGR&RMT	TOTAL ENROLLEES	TOTAL DEPENDENTS	TOTAL LIVES
Indeminty Plan	13,842	53,074	11,022	77,938	21,655	99,593
PLUS	9,299	1,460	0	10,759	13,154	23,913
Community Choice	3,814	463	0	4,277	4,864	9,141
Fallon Community Health Plan- Direct	1,005	101	12	1,118	1,074	2,192
Fallon Community Health Plan-Select	2,288	1,094	108	3,490	3,486	6,976
Harvard Pilgrim Health Care	15,780	3,154	67	19,001	23,901	42,902
Health New England	5,515	1,390	164	7,069	7,764	14,833
Neighborhood Health Plan	1,082	43	70	1,195	1,137	2,332
Tufts Health Plan	28,731	5,138	133	34,002	42,058	76,060
Total Indemnity Plan	26,955	54,997	11,022	92,974	39,673	132,647
Total PPO	44,510	5,523	0	50,033	65,959	115,992
Total HMOs	9,891	5,397	554	15,842	13,461	29,303
TOTAL-ALL	81,356	65,917	11,576	158,849	119,093	277,942
Indemnity Plan % Total	33%	83%	95%	59%	33%	48%
PPO % Total	55%	8%	0%	31%	55%	42%
HMO % Total	12%	8%	5%	10%	11%	11%

*Active enrollment includes enrollment figures for students over 24.
Source: Pool I Age/Sex Composition Analysis, Fiscal Year 2007 and Pool II Age/Sex Composition Analysis, Fiscal Year 2007.

COMMONWEALTH OF MASSACHUSETTS

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TIMOTHY P. MURRAY, Lieutenant Governor

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DOLORES L. MITCHELL, Executive Director

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DAVID M. CUTLER (Health Economist)

DAVID R. HANDY

KAREN HATHAWAY (Council 93, AFSCME, AFL-CIO)

ANNE M. PAULSEN (Retiree Member)

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